859th Surgical Operations Gr[illegible]



Neurosurgery
roduct Line Analysis
Clinic Input

Information Brief

Briefer: Maj Grant

Date: 23 Mar 2005

The PROBLEM

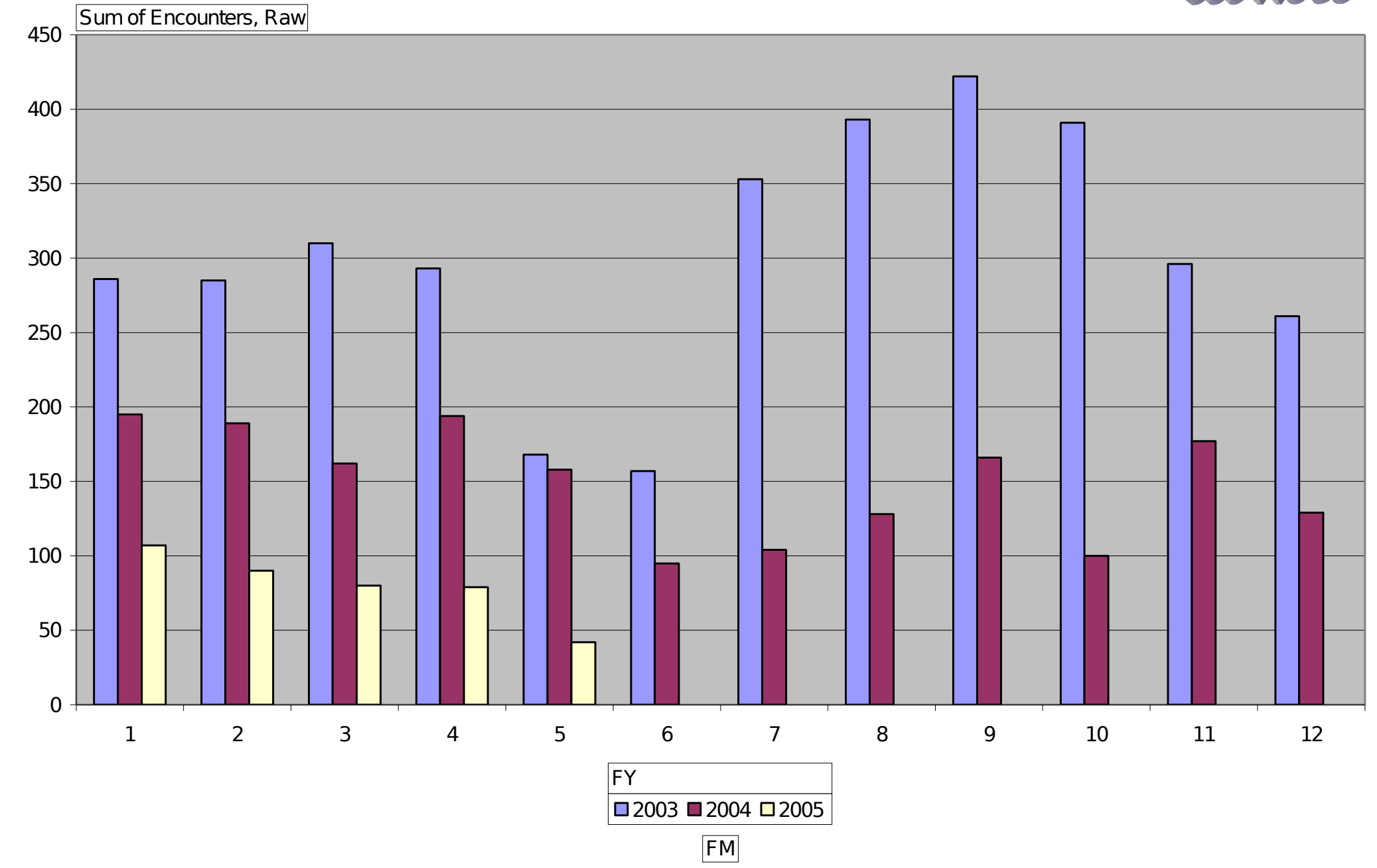


The PROBLEM

- Total RVUs do not reflect neurosurgery workload
- RVU/visit is low despite complexity of care
- APV credit
- Coding noncompliance
- MEPRS not updated
- Drop in RVU for October-Dec 03
- Manning crisis for neurosurgery at WHMC

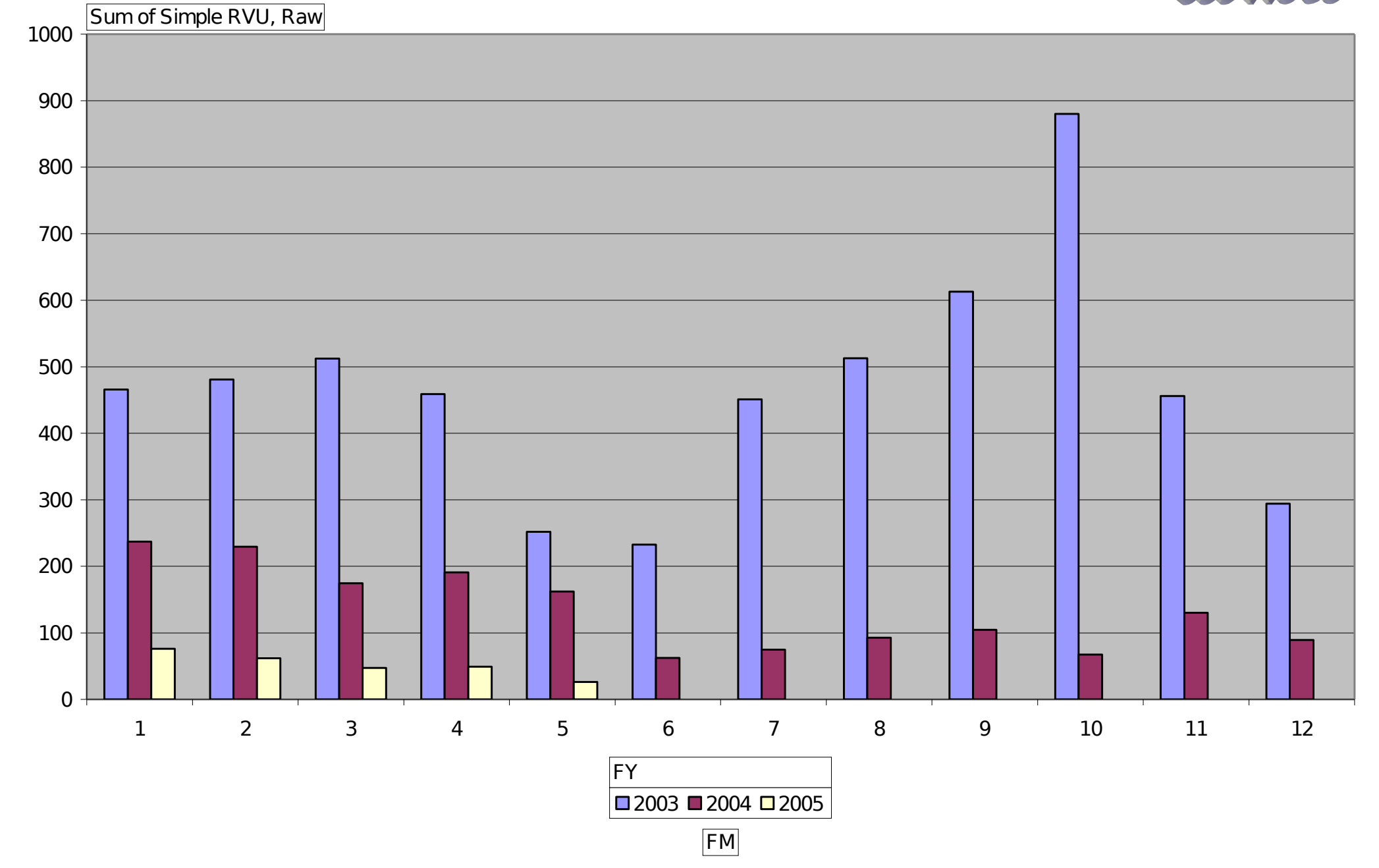
Clinic Encounters

MEPR Codes_NAME | Neurosurgery Clinic



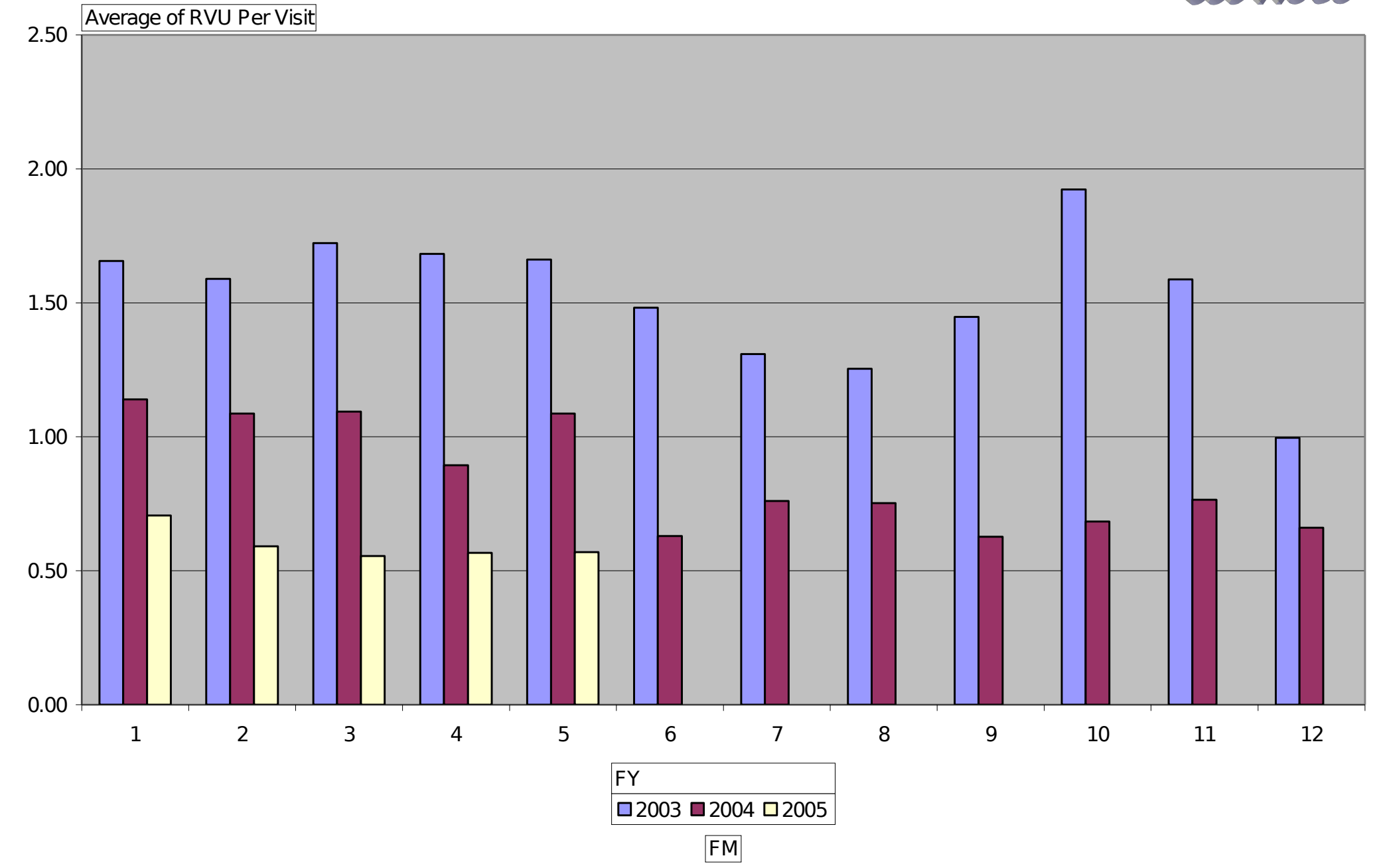
Clinic RVUs

MEPR Codes_NAME | Neurosurgery Clinic

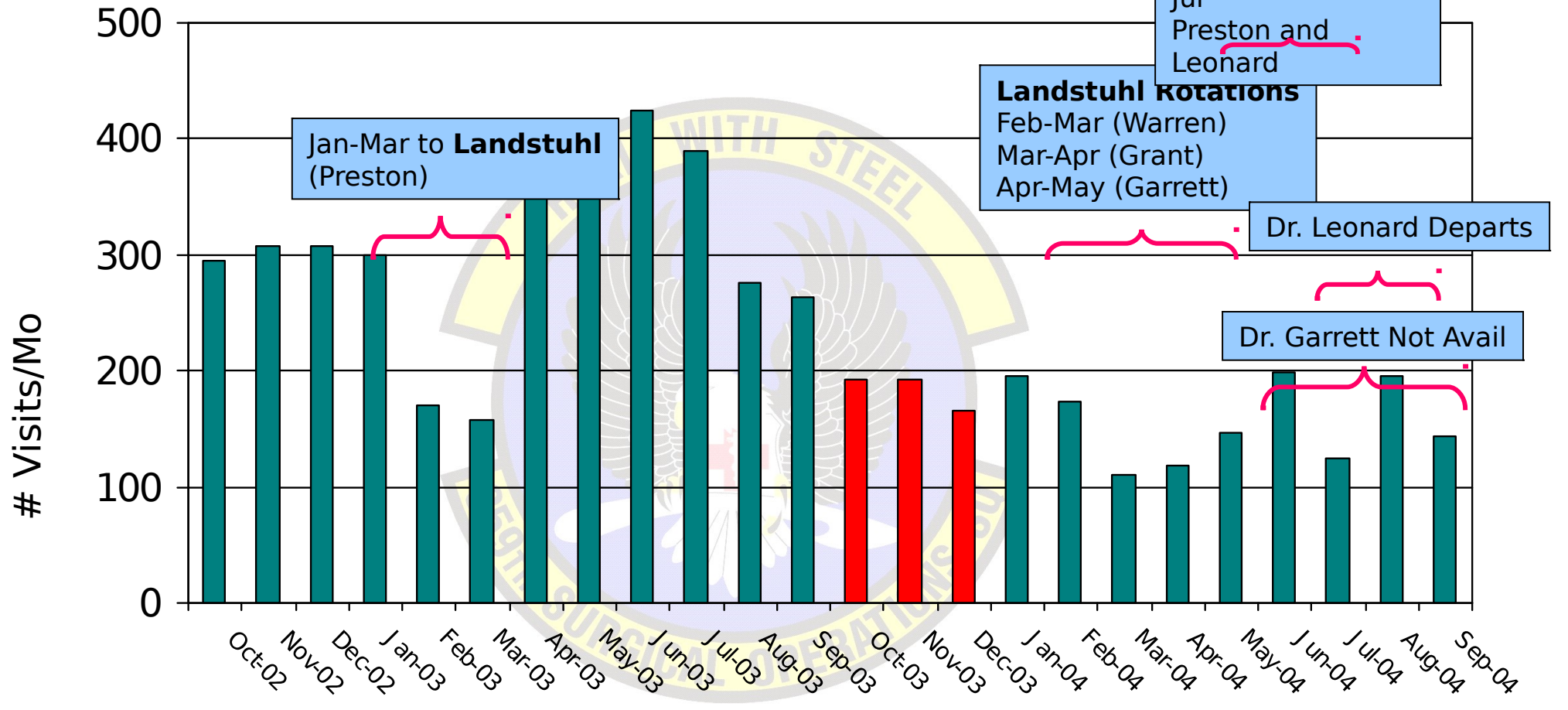


Clinic RVU/Encounter

MEPR Codes_NAME | Neurosurgery Clinic



Neurosurgery
Total OP Visits & Staffing Issues



FY03 Productivity

MEPR Codes	Neurosurgery Clinic

		FY FM												
		2003												2003 Total
Provider ID	Data	1	2	3	4	5	6	7	8	9	10	11	12	
GARRED	Sum of Encounters, Raw	9	7	21	27	12	17	10	58	35	28	14	18	256
	Sum of Simple RVU, Raw	17.18	11.09	31.26	53.37	26.86	35.79	24.13	66.75	57.25	74.32	17.36	18.95	434.31
GRANGE	Sum of Encounters, Raw	61	86	104	119	61	52	109	82	76	100	62	75	987
	Sum of Simple RVU, Raw	110.83	166.75	196.83	189.08	87.07	65.62	144.82	112.1	130.13	245.94	114.13	98.83	1662.13
LEOMIC	Sum of Encounters, Raw	65	60	81	78	43	34	97	111	72	64	70	81	856
	Sum of Simple RVU, Raw	90.02	94.98	116.26	109.93	67.13	53.1	122.87	145.46	99.87	130.64	110.02	83.58	1223.86
OLIVEG	Sum of Encounters, Raw													
	Sum of Simple RVU, Raw													
PRESJOS	Sum of Encounters, Raw	74	74	56	1			22	53	114	105	69	24	592
	Sum of Simple RVU, Raw	122.89	123.01	95.26	1.77			30.46	75.53	161	232.98	111.22	24.21	978.33
THOMPC	Sum of Encounters, Raw					1								1
	Sum of Simple RVU, Raw					0.67								0.67
WARWAY	Sum of Encounters, Raw	77	58	48	68	51	54	115	89	125	94	81	63	923
	Sum of Simple RVU, Raw	124.93	85.1	72.57	104.68	70.29	77.98	128.49	112.68	164.62	196.11	103.23	68.26	1308.94
Total Sum of Encounters, Raw		286	285	310	293	168	157	353	393	422	391	296	261	3615
Total Sum of Simple RVU, Raw		465.85	480.93	512.18	458.83	252.02	232.49	450.77	512.52	612.87	879.99	455.96	293.83	5608.24

- Note FM = Fiscal Month; 1= Oct 2002; 12 = Sep 2003

FY04 Productivity

MEPR Codes	Neurosurgery Clinic

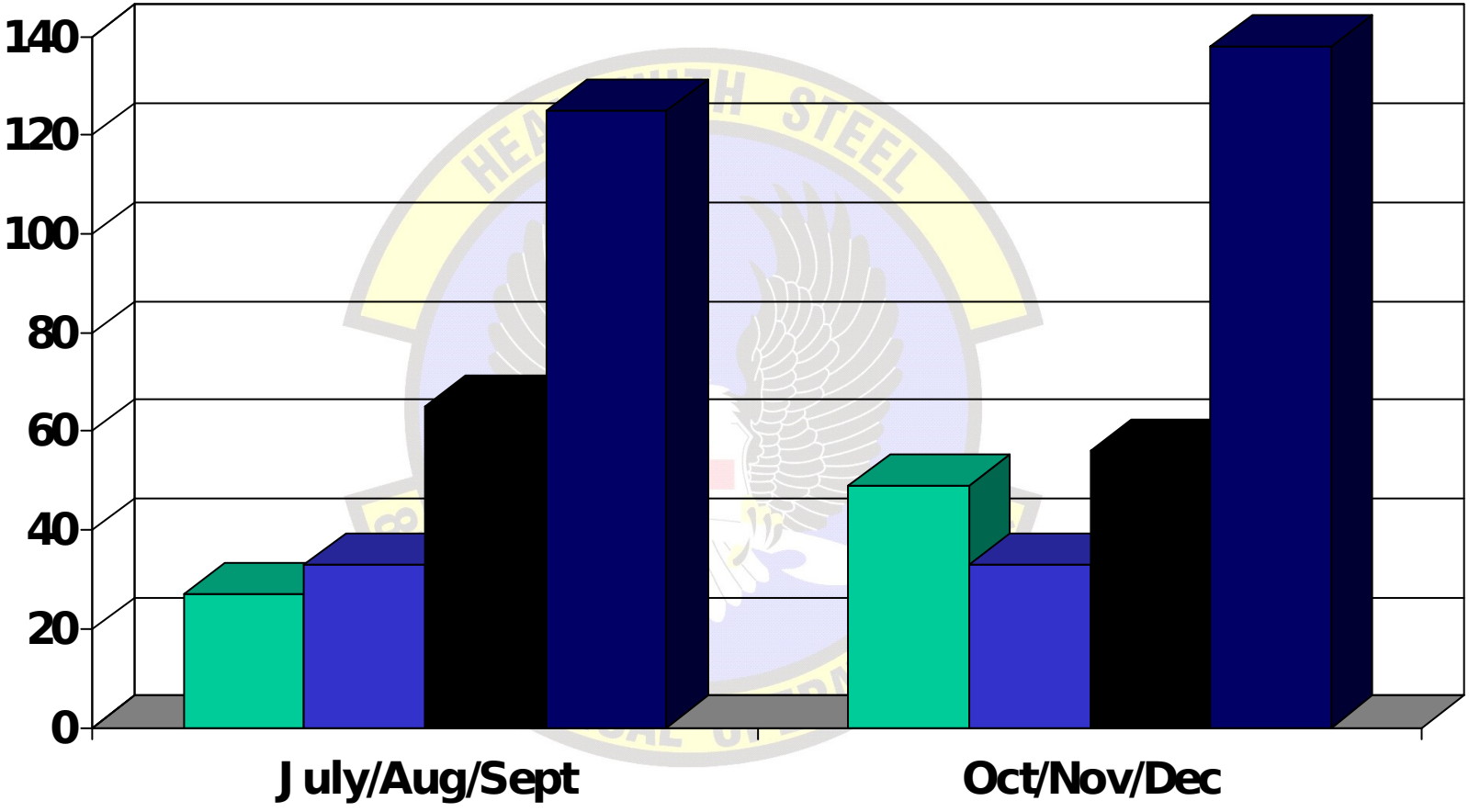
		FY 2004 FM												
														2004 Total
Provider ID	Data	1	2	3	4	5	6	7	8	9	10	11	12	
GARRED	Sum of Encounters, Raw	5	2	5	12	19	6	15		9				73
	Sum of Simple RVU, Raw	5.97	1.75	4.65	11.3	23.81	3.35	8.95		5.13				64.91
GRANGE	Sum of Encounters, Raw	44	60	41	41	56	36		39	62	26	72	39	516
	Sum of Simple RVU, Raw	60.59	57.05	52.28	40.9	50.55	24.02		25.54	43.36	20.62	59.29	29.27	463.47
LEOMIC	Sum of Encounters, Raw	56	18	30	52	34	26	47	3	7				273
	Sum of Simple RVU, Raw	68.47	30.38	34.57	60.63	41.9	17.31	36.25	1.96	4.7				296.17
OLIVEG	Sum of Encounters, Raw												1	1
	Sum of Simple RVU, Raw												0	0
PRESJOS	Sum of Encounters, Raw	48	31	43	32	46	21		43	21	30	42	39	396
	Sum of Simple RVU, Raw	57.77	21.06	36.99	26.71	41.06	11.62		27.25	9.2	19.13	29.07	22.55	302.41
WARWAY	Sum of Encounters, Raw	42	78	43	57	3	6	42	43	67	44	63	50	538
	Sum of Simple RVU, Raw	44.23	118.98	45.95	51.45	4.64	6.01	29.47	37.68	42.3	27.66	41.88	37.24	487.49
Total Sum of Encounters, Raw		195	189	162	194	158	95	104	128	166	100	177	129	1797
Total Sum of Simple RVU, Raw		237.03	229.22	174.44	190.99	161.96	62.31	74.67	92.43	104.69	67.41	130.24	89.06	1614.45

FY05 Productivity

MEPR Codes	Neurosurgery Clinic

		FY 2005 FM					2005 Total	Grand Total
Provider ID	Data	1	2	3	4	5		
GRANGE	Sum of Encounters, Raw	57	44	41	44	26	212	212
	Sum of Simple RVU, Raw	42.58	29.13	26.92	25.22	16.26	140.11	140.11
PRESJOS	Sum of Encounters, Raw	31	40	34	35	16	156	156
	Sum of Simple RVU, Raw	22.03	29.26	17.75	23.66	9.52	102.22	102.22
WARWAY	Sum of Encounters, Raw	19	6	5			30	30
	Sum of Simple RVU, Raw	11.52	3.31	2.47			17.3	17.3
Total Sum of Encounters, Raw		107	90	80	79	42	398	398
Total Sum of Simple RVU, Raw		76.13	61.7	47.14	48.88	25.78	259.63	259.63

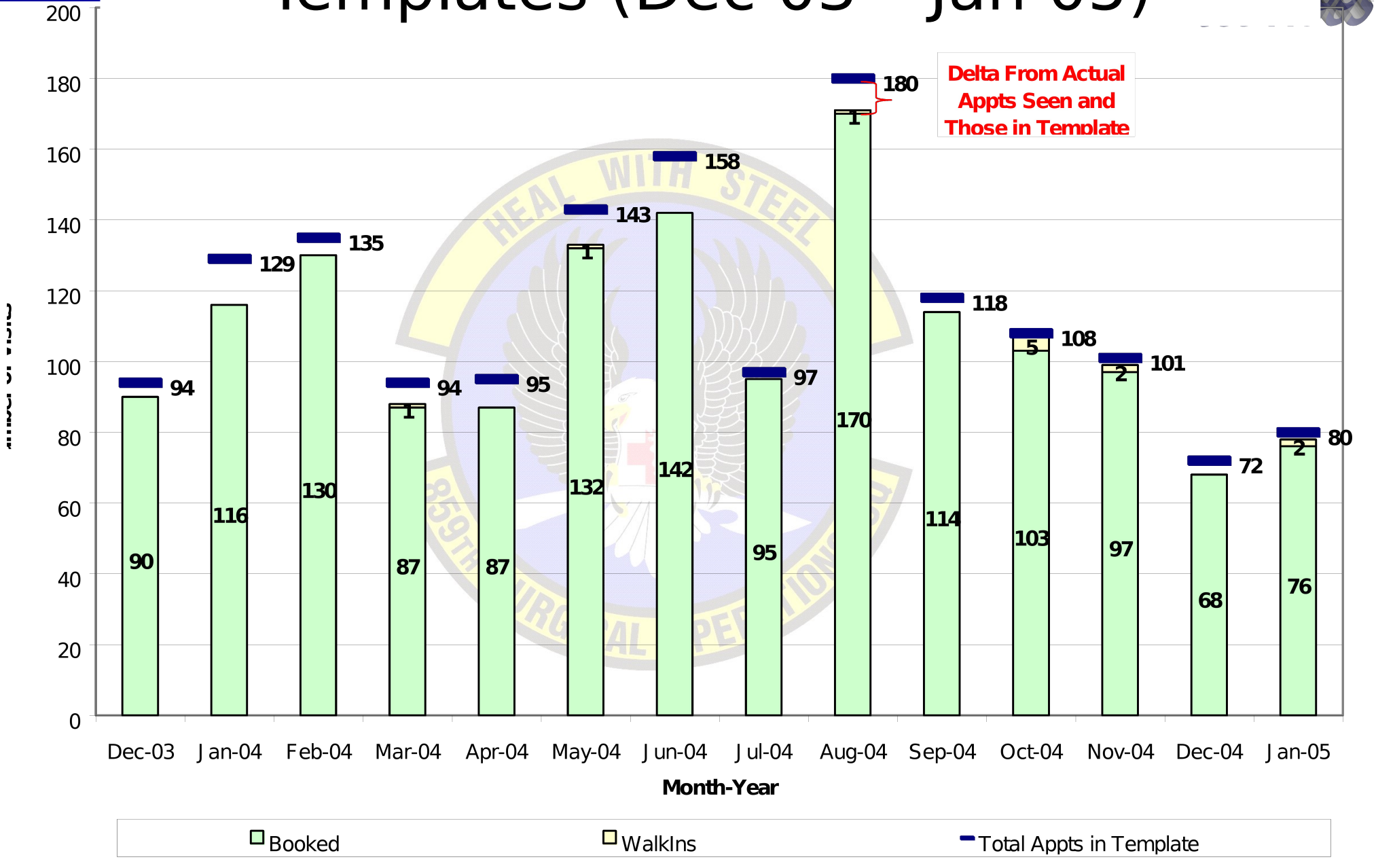
Consults appointed



How can total RVU's be down but consults appointed be up?

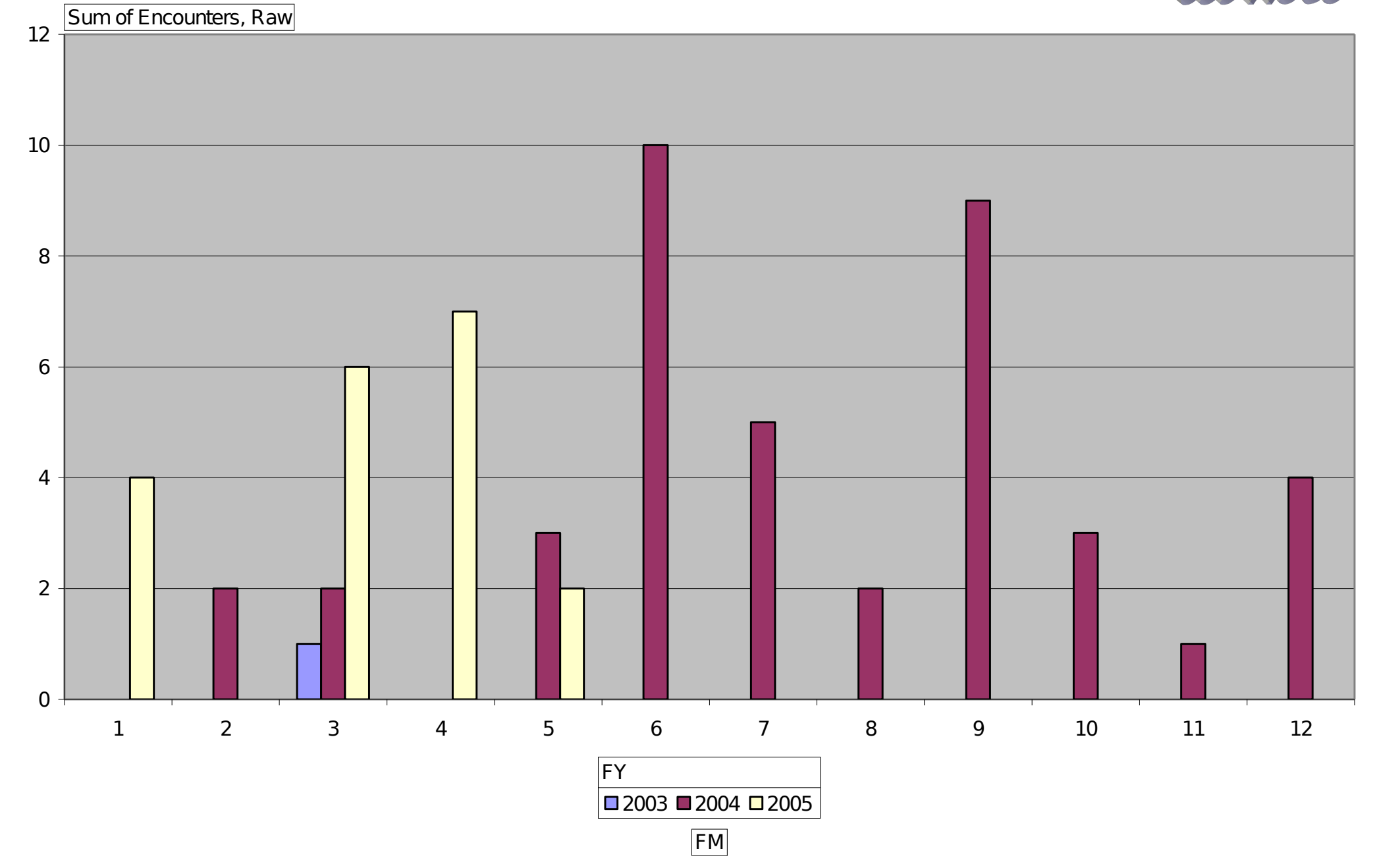
- Patient no shows (but clean templates)
- Less Trauma encounters in winter months
- Coding deficiency
- ?

Neurosurgery Clinic Templates (Dec 03 – Jan 05)



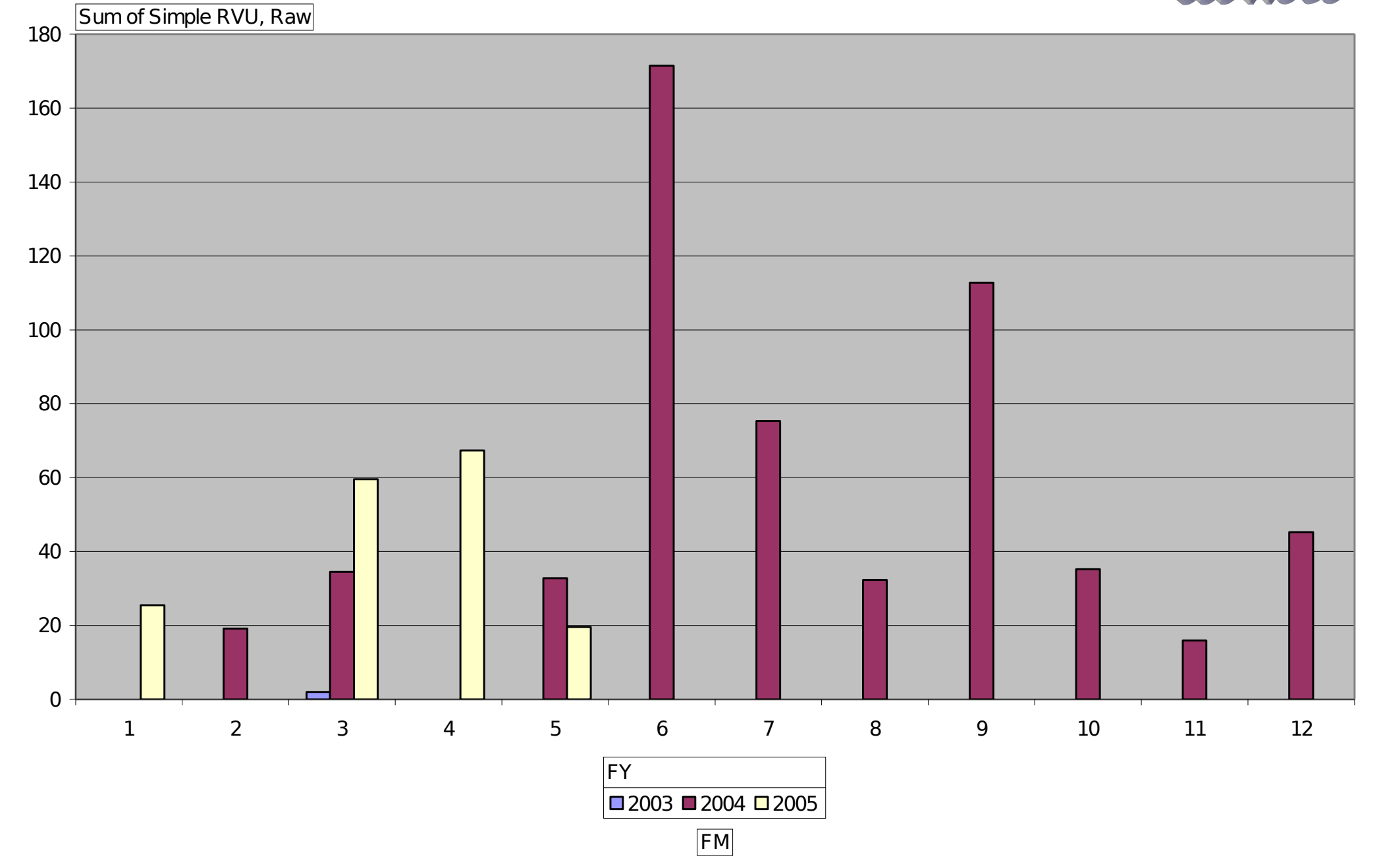
APV Encounters

MEPR Codes_NAME | Neurosurgery APV



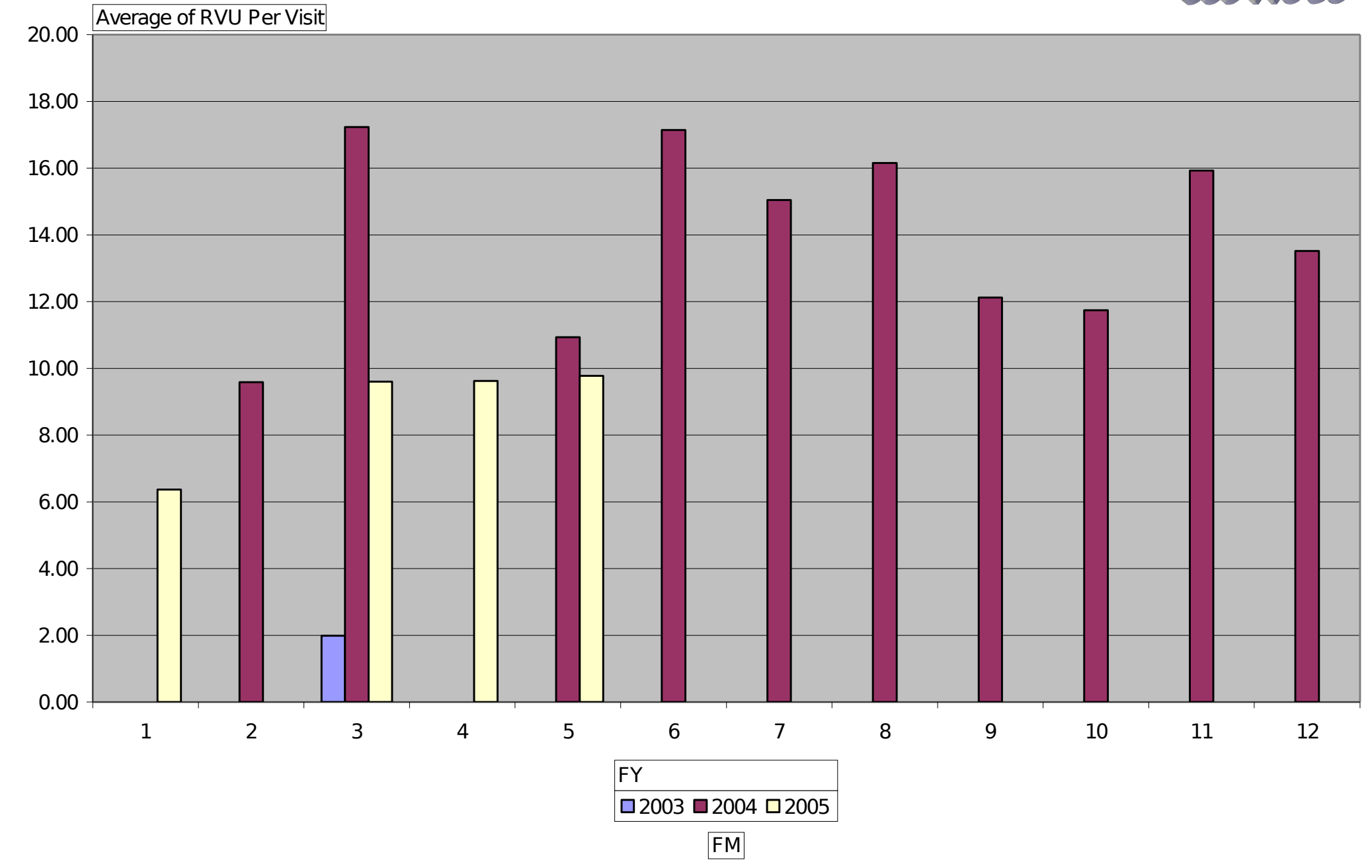
APV RVUs

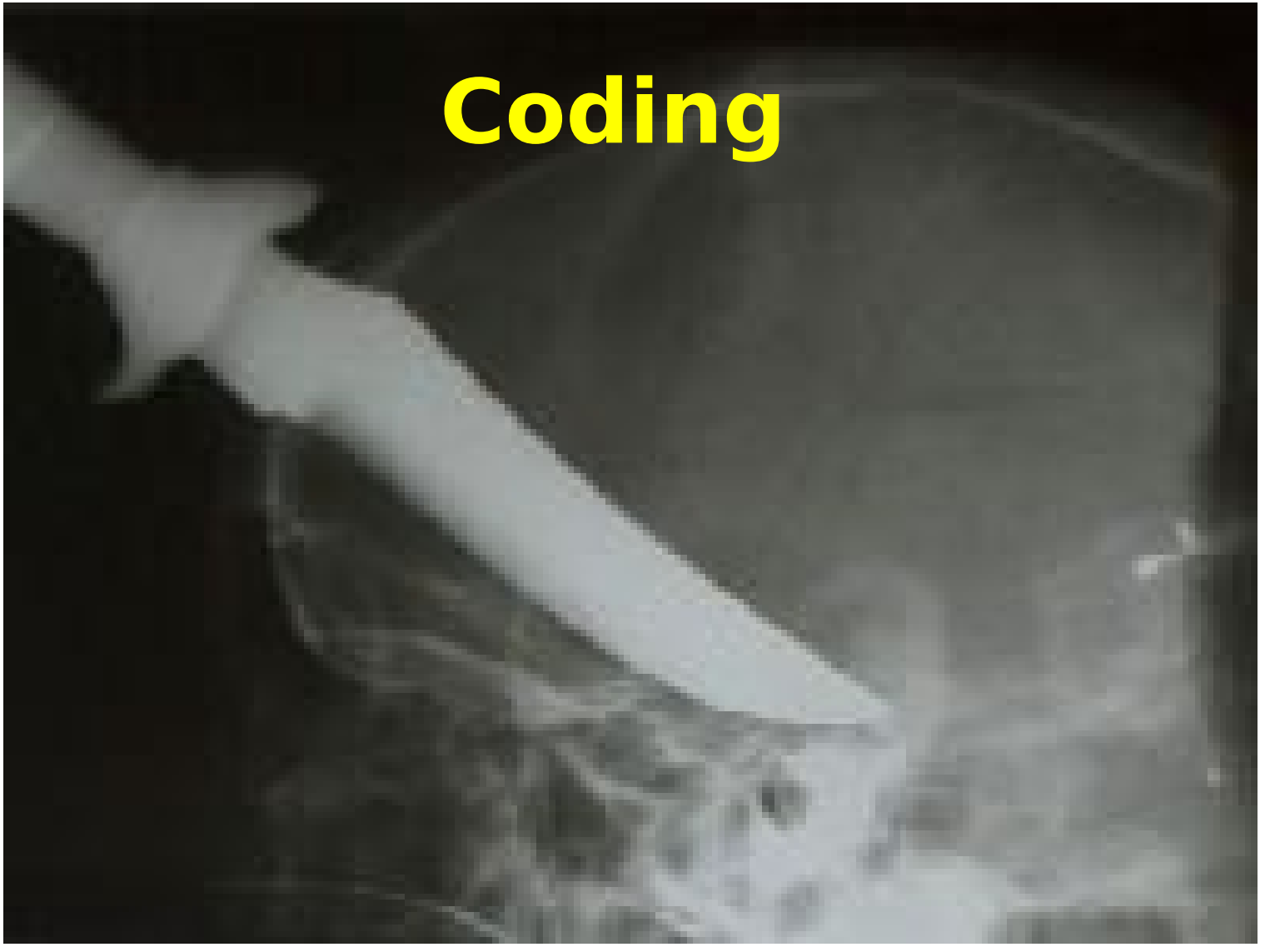
MEPR Codes_NAME | Neurosurgery APV



APV RVU/Encounter

MEPR Codes_NAME | Neurosurgery APV




Coding

Coding

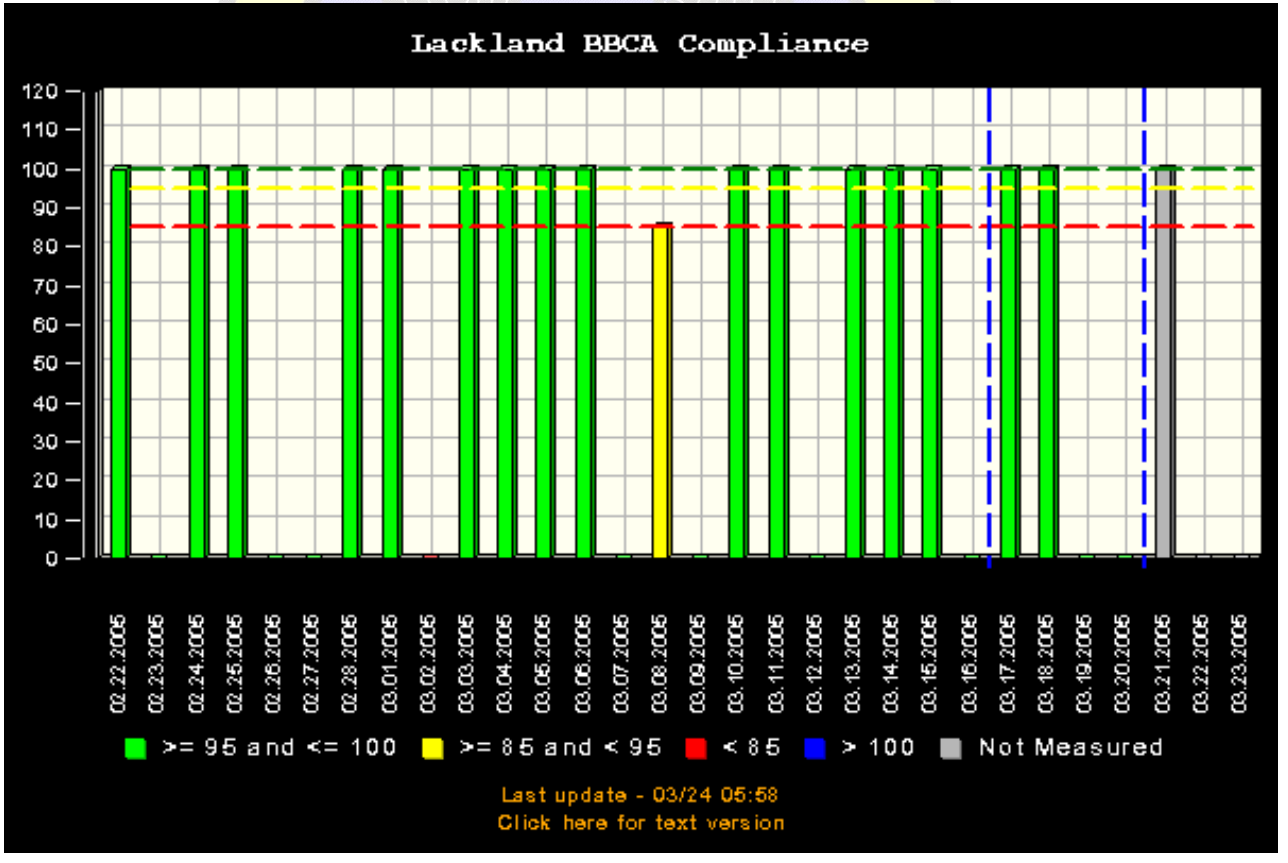
- Emphasis on achieving 100% ADM compliance
- APVs captured
- Inpatient and ER consultation credit
- Regular neurosurgery coding sessions with constant feedback mandatory

Clinic ADM Compliance

Sorted by E&M Code

LACKLAND BBC (NEUROSURGERY CLINIC) E&M Report: Feb 2005												
E&M	E&M		Simple		Site BBC			Peer 1 BBC			AFMS BBC		
Code	Description		RVU		Freq	Pct.		Freq	Pct.	Delta	Freq	Pct.	Delta
99201	Office/outpatient visit new		0.45		11	11.4		13	3.9	7.5	13	3.9	7.5
99202	Office/outpatient visit new		0.88		6	6.2		16	4.8	1.4	16	4.8	1.4
99203	Office/outpatient visit new		1.34		3	3.1		6	1.8	1.3	6	1.8	1.3
99212	Office/outpatient visit est		0.45		27	28.1		64	19.3	8.8	64	19.3	8.8
99213	Office/outpatient visit est		0.67		10	10.4		81	24.4	-13.9	81	24.4	-13.9
99214	Office/outpatient visit est		1.1		20	20.8		32	9.6	11.2	32	9.6	11.2
99499	Unlisted e&m service		0		19	19.7		57	17.2	2.5	57	17.2	2.5

Last Database Load: Mar 17



AND YOU THINK **YOU'RE** HAVING A BAD DAY AT WORK !!



59TH MEDICAL WING
Personal Data - Privacy Act of 1974 (PL 93-579)
Printed: 07 Mar 2005@1019

DIVISION: WILFORD HALL ME
Automated Version of SF6

NEUROSURGERY,WHMC GRANT,GERALD A MD 08 Mar 2005 1400 EST$ 15
REF: CMT: ljg
RSN:
Detail Codes: INSURANCE YES/NO:

BP: PULSE: RESP: TEMP: HT: WT: AGE:

ALLERGIES:

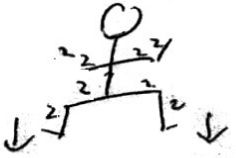
48 F Z L4/5 DEG DISPSP, BILAT MILD NEUROFORAMINAL NARROWING / LOSE BIKE
LAST SEEN 23 AUG 2005 PT SEEN IN PAIN CLINIC 13 DEC 04 FOR EPIDURAL
AND NEURO EVAL 9 FEB 04 WITH NEUROPSYCH ESSENTIALLY WNL.
PT DESCRIBES PAIN AS SHARP SHOOTING PAIN RADIATING DOWN TO TOES
IN BILAT LE. PT ALSO C/O WEAKNESS TO LEFT LE. PT STATES BILAT
TOES GO NUMB + LEFT LE ALSO CRAMPS.

DO YOU HAVE PAIN
CHRONIC ACUTE
WHERE IS IT
WHAT RELIEVES IT

SH: ETOH SOCIAL
PMH:
FIBROMYALGIA
ARTHRITIS
(L) KNEE PROBLEMS
CHRONIC UTI'S
SINUSITIS
GERD

ADDITIONAL COMMENTS:

CN II XII INTACT.
EOMI. PERRL



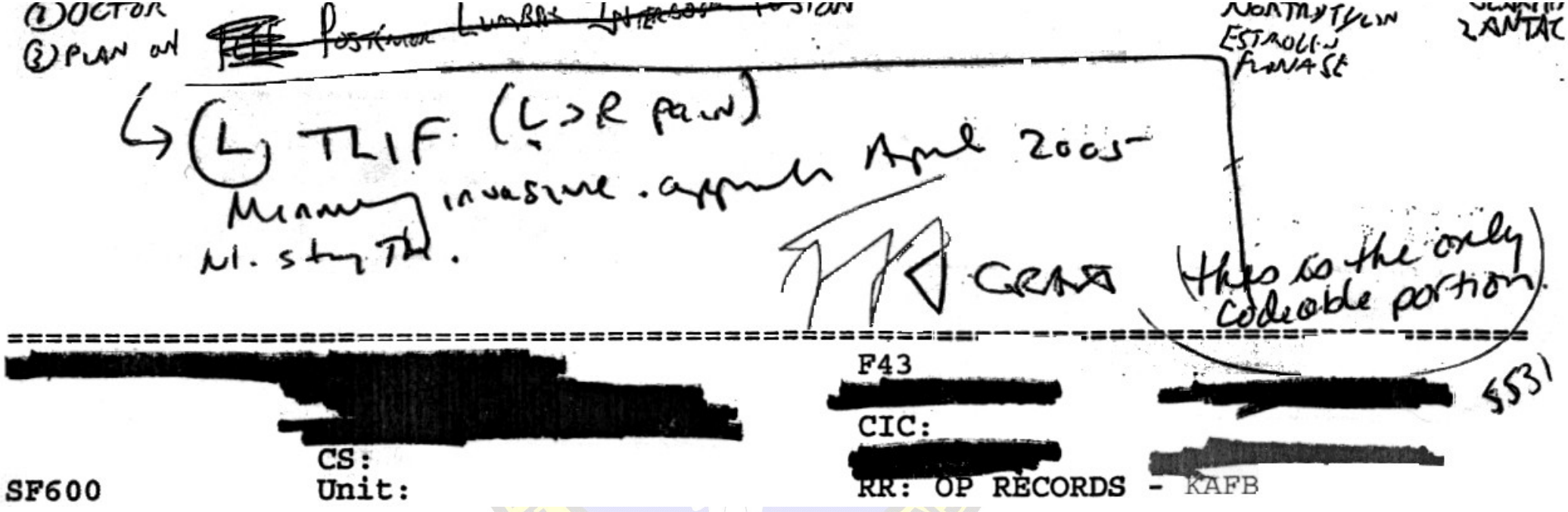
HF HE KF KE PF DF AE AF WF WE GRIP
RLE → 5/5 5/5 5/5
LLE 4/5 → 5/5 5/5 5/5
SENSATION APPEARS LIMITED DUE TO BACK PAIN
SENSATION INTACT TO BILATERAL UE + BILATERAL LE.

PSH
2 CESAREANS
LAPAROSCOPIC SURGERY FOR ENDOMETRIOSIS
TAH & BSO FOR ↑)
SEPTOPLASTIC
BREAST BIOPSIES (BENIGN)
ARTHROSCOPIC SURGERIES (3 ALL ON LEFT/5)
BLADDER SURGERY x 2 (99,
ALL: NSAIDS (SEVERE STOMACH PAIN)
MSOS PERCOCET
NORTRIPTYLINE
ESTROGEN
PROVERA
GLAUCOMA
ZANTAC

MRI 17 FEB 05 = MODERATE CENTRAL CANAL NARROWING L4-L5.
L5-S1 ANNULAR TEAR & MILD (R) NEURAL FORAMINAL NARROWING.

A/P:
Who documented?
(1) RTC FOR PREOP
(2) DOCTOR
(3) PLAN ON ~~POSTERIOR LUMBAR INTERBODY FUSION~~
↳ (L) TLIF (L > R PAIN)
MEANING INVASIVE APPROACH APRIL 2005
NL STUDY TH.
CRNA
This is the only codeable portion.

[redacted] F43 [redacted] 5531
CS: CIC:
SF600 Unit: RR: OP RECORDS - KAFB


(2) PLAN on
(L) TLIF (L>R pain)
Minimally invasive approach April 2005
Ml. stay TH.
CRNA
This is the only codeable portion.
F43
CIC:
CS:
Unit:
SF600
RR: OP RECORDS - KAFB

(4)

59TH MEDICAL WING
Personal Data - Privacy Act of 1974 (PL 93-579)
Printed: 07 Mar 2005@1019

DIVISION: WILFORD HALL ME
Automated Version of SF6

NEUROSURGERY,WHMC GRANT,GERALD A MD 08 Mar 2005 1315 EST$ 15
REF:
RSN: CMT: crs
Detail Codes:

INSURANCE YES/NO:

BP: 147/69 PULSE: 51 RESP: 20 TEMP: 96.8 HT: WT: AGE:

ALLERGIES:

DO YOU HAVE PAIN
CHRONIC ACUTE NO

WHERE IS IT

WHAT RELIEVES IT

CODED

DMII
HTN
mitral valve prolapse
Mo Anemia

PSH
Appy
Chole
TURP

Meds spironolactone
Zestril prilosec
Norvasc synthroid
Hytrin mobic
Sotalol Ca
ASA-81 mg Plavix
OTC Solaraze VITE

ADDITIONAL COMMENTS:

86 y.o.m presents c frontal sinus mucocele + meningioma
pt reports falling & hitting forehead (May 2003) - xrays neg for Fx at that time.
May 2004 - cold → sinus inf.
forehead was sore to touch; improved c tx
Ø memory loss/visual changes

stable size of meningioma btw 28Oct04 & 31Jan05

pathology 6Jan05
meningioma (WHO grade I

presented Risks, Benefits, & Alternatives of surgery vs observation
- pt elects to repeat CT / MRI in June to determine if meningioma is stable over 6 month period.

Who wrote this ↑

Discuss plan for continued surveillance
repeat ~~Head CT~~ MRI Brain 6/05
No surgery for now. Grade I path
Very little Δ since 10/31/04.
& visual clo & cosmetic defects
F/u sooner if ? problems

only code-able portion.

GRANT

[redacted]

A31
W:
CIC: [redacted]

CS:
Unit:

D:
RR: MAIN-OUTPATIENT RECORDS, BAMC

SF600

-pt elects to repeat CT / MRI in June to determine if pathology is stable at 6 month period.

Who wrote this?

Discuss plan for cont & surveillance
repeat ~~Head CT~~ MRI Brain 6/05

No surgery for now. Grade I path.
Very little Δ since 10/31/04.
Δ visual clo Δ cosmetic deficits
Flu soon if ? problem

only code-able portion.

GRANT

Coding

- Creation of Neurosurgery SF600 Template
  - Pain descriptors
  - Comprehensive neurological exam (negatives)
  - Imaging reviewed
  - Review of systems discussed with patient
  - Consult resulted to referring provider
  - Reference resident note as teaching physician!
- Dedicated Neurosurgery coders: Build a relationship with regular prospective bidirectional feedback

New Neurosurgery 600

NSN 7540-00-634-4178 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*

CC: Do you have pain? Y / N

HPI: (Loc, Qual, Severity, Dur, Timing, Context, Modifying Factors, Ass. Sx's/Signs) *I,II: 1-3, III, IV 4+*

PFSH: *I, II: 0, III:1(est), <2(new),IV:2(est),3(new)*

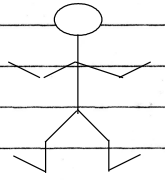
Meds:

Complete ROS: (circle items discussed, explain abnl findings): *I: 0, II: Related System (1), III: 2-9 Systems, IV: 10+ Systems*
Fever/Chills Fatigue Wt. Loss N/V Skin ENT Eyes CV Pulm. GI GU Neuro Musculoskeletal
Hem Psych Endo Imm./Allergy

EXAM: *I: 1-5, II: 6-11, III: 12, IV: ALL (must include 3 vitals)*
Nl Abnl document all abnormal findings

Allergies: • NKA

- • • General Appearance
- • • Ability to communicate
- • • Head
- • • Eyes
- • • ENT
- • • Skin
- • • CV
- • • Bruits
- • • Pul
- • • GI/GU
- • • Neck
- • • Back



PMHx:

PSHx:

NEURO
-Dominant Hand R L
-Pronator Drift RUE LUE
Extremities
Delt Bic Tri WE WF Intr IP Quads HS DF PF EV INV EHL
R
L
Sensation

FHx:

SHx:
Tob:
EtOH:

- • • UE
- • • LE
- • • Cranial Nerves II-XII

DATA:
I: 0-1, II: 2, III: 3, IV: 4
(viewing image 2x value)
Rpt. View
- • • EMG
- • • Labs:
- • • Imaging:

MDM
DIAGNOSIS:
I: 1, II: 2, III: 3 , IV:
4 minor or 1 new w/
add. w/u planned
PLAN:

No barriers to communication were encountered. Patient verbalizes understanding and agrees with the above treatment plan. I saw and evaluated the patient, discussed with the resident and agree with the resident's findings and plan as documented in the note. Diagnosis and plan discussed with the patient. Y / N

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*

New/Consults vs (Established)					
Hx	1(0)	2(1)	3(2)	4(3)	4(4)
Exam	1(0)	2(1)	3(2)	4(3)	4(4)
MDM	1(0)	1(1)	2(2)	3(3)	4(4)

RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE **STANDARD FORM 600** (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

- Requested a coding audit
  - Only code-able portion
- Used coder leveling tool to create new 600
- Ensure we get proper credit
- Learned difference between "New Visit" and "Office Consultation"

New Patient vs. Office Consultation

E&M	E&M		New Patient		Office Consult
Code	Description		RVU		RVU
Level 1	Outpatient New vs. Consult		0.45		0.64
Level 2	Outpatient New vs. Consult		0.88		1.29
Level 3	Outpatient New vs. Consult		1.34		1.72
Level 4	Outpatient New vs. Consult		2.00		2.58
Level 5	Outpatient New vs. Consult		2.67		3.42

MEPRS Template

MEPRS Dec 04

BBCA	GARRETT, DAVID	MIL	O5	45S3F	BBCA	1P	40	0
BBCA					FALA		100	1
BBCA					GFAA		12	0
BBCA					Hosp/SL:		0	0
BBCA					Leave:		20	0
BBCA					Other:		0	0
BBCA					Total:		172	1
BBCA	GRANT, GERALD	MIL	O4	45S3F	BBCA	1P	150	1
BBCA					GBBA		4	0
BBCA					GFAA		12	0
BBCA					Hosp/SL:		0	0
BBCA					Leave:		20	0
BBCA					Other:		0	0
BBCA					Total:		186	1
BBCA	PRESTON, JOSEPH	MIL	O4	45S1F	BBC5	1P	5	0
BBCA					BBCA		150	1
BBCA					GBBA		4	0
BBCA					GFAA		12	0
BBCA					Hosp/SL:		0	0
BBCA					Leave:		20	0
BBCA					Other:		0	0
BBCA					Total:		191	1
BBCA	WARREN, WAYNE	MIL	O4	45S3F	BBC5	1P	4	0
BBCA					BBCA		100	1
BBCA					GBBA		0	0
BBCA					GDAA		40	0
BBCA					GFAA		12	0
BBCA					Hosp/SL:		0	0
BBCA					Leave:		20	0
BBCA					Other:		0	0
BBCA					Total:		176	1

MEPRS Revised

Gerald Grant	O4	45S3F	**DFBA**	32
			ABDA	28
			BBCA	25
			BIAA	15
			EBCC	5
			EBEA	10
			EBFA	4
			FAHA	5
			FALA	3
			GBBA	4
			GFAA	12
			LEAVE	20
			OTHER	10
Joseph Preston	O4	45S3F	**DFBA**	32
			ABDA	28
			BBCA	25
			BIAA	15
			EBCC	2
			EBEA	10
			EBFA	4
			FALA	3
			GBBA	4
			GFAA	12
			LEAVE	20
			OTHER	10
Wayne Warren	O4	45S3F	**GDAA**	168
David Garrett	O5	45S3F	**FCDA**	168


CAMO

CAMO

Advantages

- Establish “game rules” SOP
- Frees up clinic coordinator to focus on coding audit
- Need to move clinics on urgent basis
- “Market approach”
- Better cooperation with BAMC

Concerns

- Loss of control
- Peds subspecialty care
- Urgency of patient care
- Need to overbook for GME cases
- Clinic projections inaccurate
- Priorities (AD, WHMC Prime)
- Communication gap
- No SOP for Neurosurgery “small peanuts”

FACT: CAMO is the future: Use it or lose it

Summary

Problems and Solutions

- MEPRS – Update data regularly
- Coding
  - Goal -100% ADM compliance
  - Weekly audit with feedback from shadow files
  - Neurosurgery template
- CAMO – SOP in progress and implementation
- Focus on the present and future with prospective attention to coding detail

Neurosurgery
Staffing

	Authorized					Assigned				
	Mil	GS Civ	K	Total		Mil	GS Civ	Contract	Total	Available Staffing
45S3F	3	0	0	3		4	0	0	4 (2 Avail)	67%
4N051	2	0	0	2		2	0	0	2	100%
4N171	1	0	0	1		1	0	0	1	100%
Admin (4A0X1)	1	0	0	1		1	0	0	1	100%
Secretary 3A051	0	1	0	1		0	0	0	0	0%
Total Support Staff	**4**	**1**	**0**	**5**		**4**	**0**	**0**	**4**	**80%**

4 Physicians

Dr **Grant**

Dr **Warren** – Deployed to Balad Dec-May 05

Dr **Preston**

Dr **Garrett** – Not clinically available since Jun 04 (currently at William Beaumont AMC)

Currently only 2 neurosurgeons clinically available currently (Grant & & Preston); 1 deployed and 1 de-credentialed)

FY03 and early FY04: 5 providers assigned

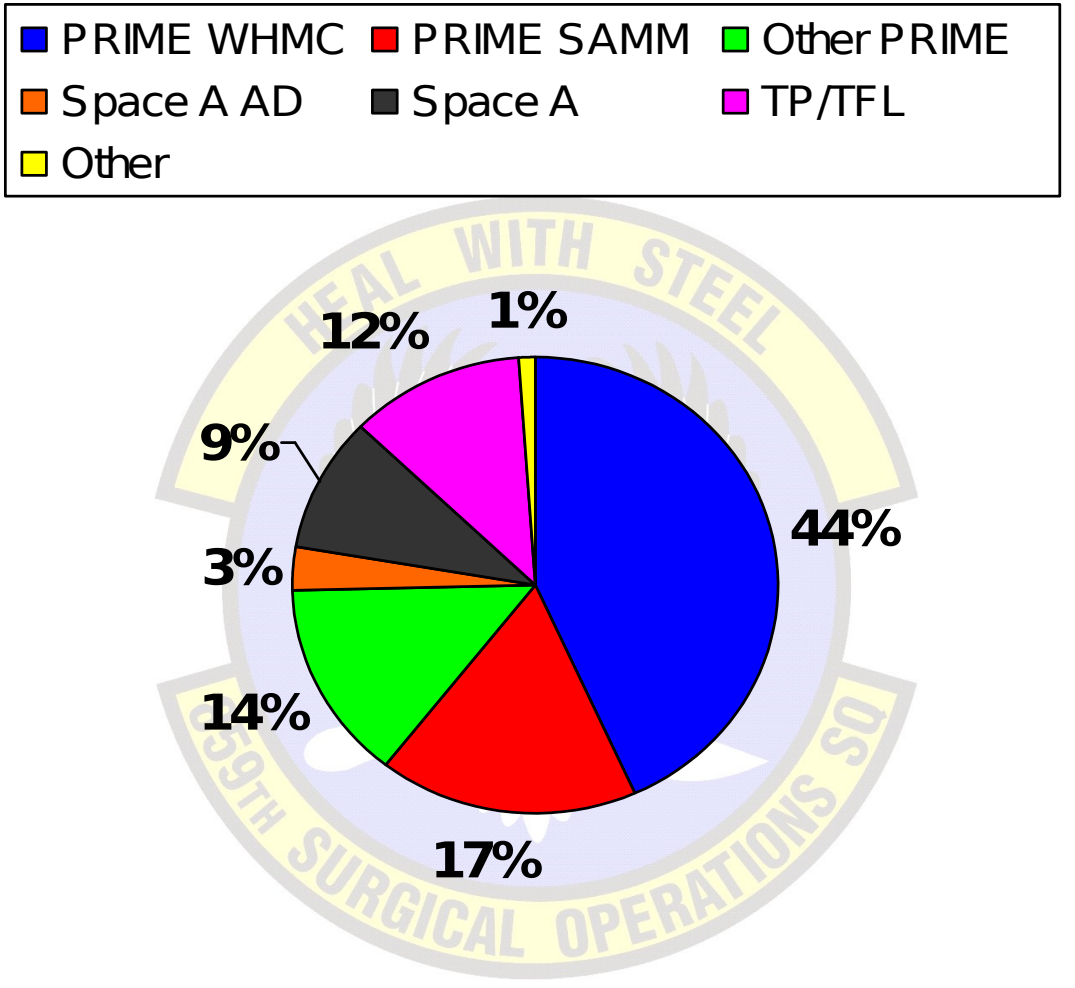
Neurosurgery Dream

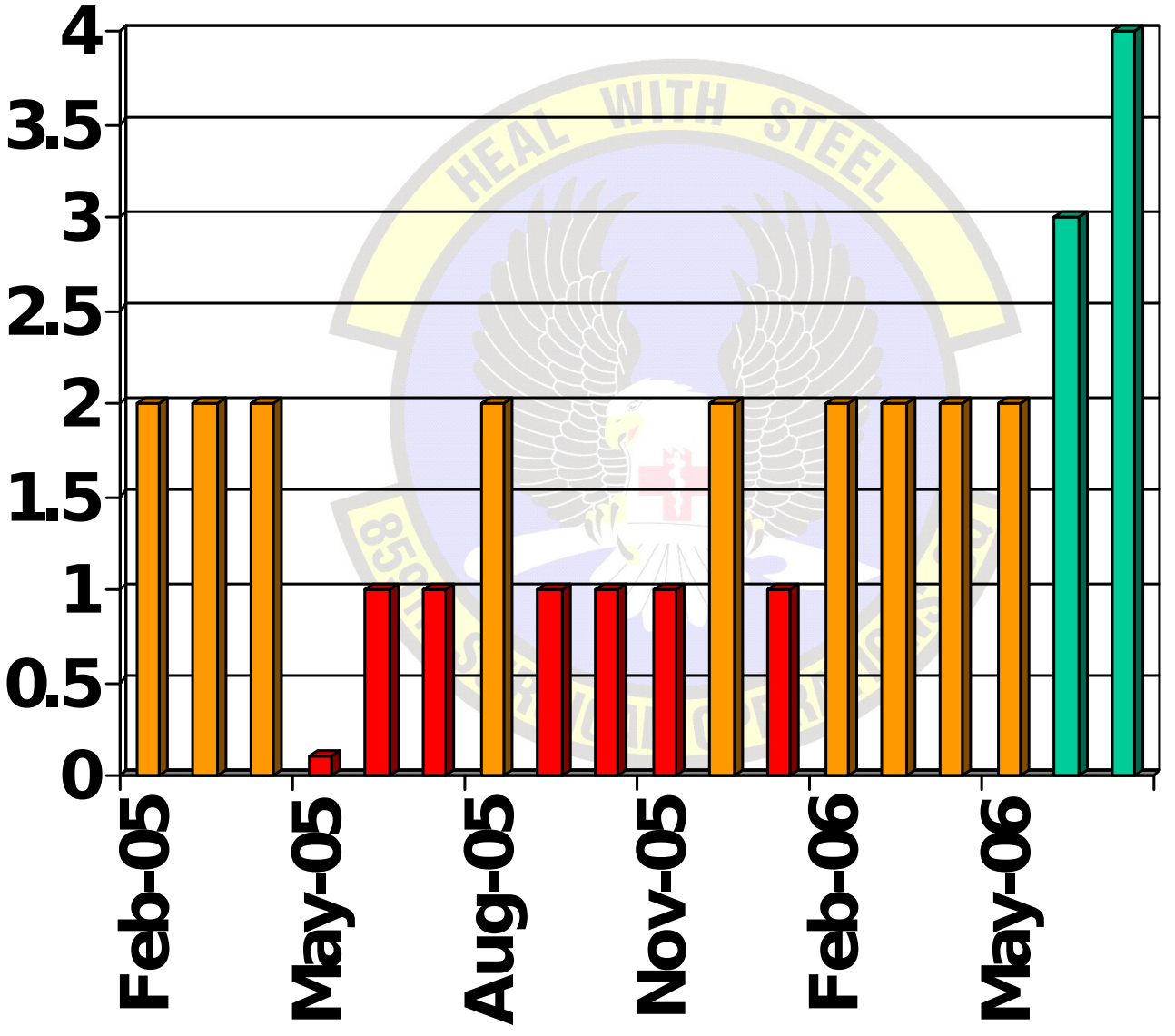
- Dedicated neurosurgery nurse case manager
- Dedicated neurosurgery OR support personnel
- 4 Neurosurgeons (3 + 1 deployed)
- No shortage of case load
- Close to Level I Neurotrauma

Manning crisis

- Priorities
  - AF Theater Hospital deployment to Balad
  - Level I Trauma
  - Active duty (Triservice), subspecialty care (peds), >65 Tricare prime
- Separations (Maj Warren/Maj Preston)
- Assignment notification received
  - Maj Derek Taggard RNLTD 22 Nov 05
  - Maj Randall McCafferty RNLTD 15 July 05
- Options (AF Reservist, AF manning assist, BAMC, contractors)
  - Travis (1), Keesler (1), Wright Patterson (1)

Neurosurgery Sources of RVUs




4
3.5
3
2.5
2
1.5
1
0.5
0
Feb-05
May-05
Aug-05
Nov-05
Feb-06
May-06





Integrity - Service - Excellence